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## Application Number Filing Date **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CLAIMS AFTER FIRST AFTER SECOND **AMENDMENT AMENDMENT** Indep Indep Depend Indep Depend Indep Depend Indep Depend Depend Indep Depend .53 .25 Total Total Indep Indep Total Total Depend Depend Total Total

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Claims